

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW <i>(X)</i>			
7/30/10			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	Original
1	8/25/10
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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APPLICANT
09/1

TITLE

INT

W.
Th.
Fr.

(Re)